

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

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FILED JUN 10 1943
Registration District No. 105

Primary Registration District No. 4177

1. PLACE OF DEATH:

(a) County Dunklin
(b) City or town Clarkton Mo -
(c) Name of hospital or institution: None
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution None
(Specify whether)

In this community, None
years, months or days

3. (a) PRINT FULL NAME Thomas Hickman Bedford

3. (b) If veteran, name war World War I 3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M -
6. (b) Name of husband or wife Lais W. Bedford 6. (c) Age of husband or wife if alive 49 years
7. Birth date of deceased May 7 1892
(Month) (Day) (Year)

8. AGE: Years 51 Months 24 Days 24 If less than one day hr. min.

9. Birthplace Columbia, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Bookkeeper + Accountant

MOTHER FATHER
11. Industry or business
12. Name John Stephen Bedford, Sr
13. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)
14. Maiden name Sarah Parker
15. Birthplace Columbia Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Lais W. Bedford

(b) Address Clarkton, Missouri

17. (a) Burial (b) Date thereof June 21, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oak Ridge Cemetery

18. (a) Signature of funeral director Paul Salomon
(b) Address Henriett Mo

19. (a) May 4, 1943 (b) LaVonne Dunn
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Dunklin
(c) City or town Clarkton
(If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country

MEDICAL CERTIFICATION:

20. DATE OF DEATH: Month May day 31 at
year 1943 hour 6:55 minute 0 M.

21. I hereby certify that I attended the deceased from Feb 5th 1942 to May 31st 1943
that I last saw him alive on May 31st 1943
and that death occurred on the date and hour stated above.

Immediate cause of death Cerebral apoplexy Duration 3 hrs.

Due to Arterio Sclerosis

Due to

Other conditions (Include pregnancy within 3 months of death)

Major findings: Of operations JZ

Of autopsy

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify)

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? (Specify type of place) (e) Means of injury

23. Signature J. B. Stinson (M. D. or other) MD
Address Clarkton Mo Date signed 5/31/43

Duration
Physician
Underline the cause to which death should be charged statistically.

1247

JUN 25 1943

RECEIVED

District Health Office No. 2,

District File Number 16-43-761

Date Filed 6-7-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____, Registered Apprentice No. _____ working under my personal supervision.

Signed J. P. Salmon

Licensed Embalmer No. 2556-

P. O. Address Kenilth, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

E. J. Agnew